DOCUMENT RESUME

ED 138 868 CG 011 336

AUTHOR Backer, Thomas E.
TITLE Experiences in Evaluating Demonstration Programs Using a Clinical Approach.
PUB DATE Sep 76
NOTE 12p.; Paper presented at the Annual Conference of the American Psychological Association (84th, Washington, D.C., September 3-7, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Action Research; Data Analysis; *Demonstration Programs; *Evaluation; *Human Services; *Information Utilization; *Program Evaluation; Program Improvement; Rehabilitation Programs; Research Projects; *Research Utilization

ABSTRACT

This paper discusses evaluation of human service programs. Evaluation can be useful because: (1) evaluative data can be relevant to the basic goal of a demonstration to field test some strategy or technique; (2) process evaluation can help generate enthusiasm for self-improvement among staff; (3) evaluation can help build a communication network among personnel; (4) evaluation can help build credibility for a program; and (5) evaluation can help prove the worth of the demonstration program technique itself. Drawbacks include: (1) difficulty of making inferences based on small-scale programs; (2) potential of reduced experimentation; (3) ill-defined demonstrations; (4) length of time line for demonstrations; and (5) political and psychological factors which can distort data gathered about a demonstration's worth. The document presents an example of evaluation of a demonstration program. (Author/JLL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED138868

Abstract

EXPERIENCES IN EVALUATING DEMONSTRATION PROGRAMS USING A CLINICAL APPROACH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Thomas E. Backer
Human Interaction Research Institute
Los Angeles

Paper presented at the American Psychological Association Convention
Washington, D.C., September, 1976

Evaluation of human service programs is rarely simple or easy, but assessing demonstration efforts can be particularly complicated. Still, evaluation of a demonstration program can be worthwhile despite the problems and pitfalls it presents. This discussion reiterates some positives and negatives associated with evaluation of demonstration efforts in the human services, highlighting an approach to evaluation developed over a number of years by the author and his colleagues. Finally, an example of this clinical approach to evaluation is described.

Reasons why evaluating demonstrations can be useful include: (1) relevance of evaluative data to the basic goal of a demonstration--to field-test some strategy or technique; (2) process evaluation can help generate enthusiasm for self-improvement among demonstration staff; (3) evaluation can help build a communication network among personnel in a multi-site demonstration; (4) evaluation can help build credibility for a program among users of its services and its sponsoring agency; (5) evaluation can help prove the worth of the demonstration program technique itself. Drawbacks include: (1) difficulty of making inferences based on small-scale programs;

CG011336

(2) evaluation can quash or reduce experimentation; (3) demonstrations are by their nature somewhat ill-defined; (4) demonstrations may take considerable time to flower; (5) political and psychological factors can distort data gathered about a demonstration's worth.

The example evaluation research study concerned a five-year demonstration program in which "Research Utilization Specialists," an innovative job category, were installed in nine state vocational rehabilitation agencies, in order to learn whether these full-time "change agents" could help get research findings applied more fully at the local level, and thus improve the quality of rehabilitation services.

EXPERIENCES IN EVALUATING DEMONSTRATION PROGRAMS USING A CLINICAL APPROACH

Thomas E. Backer
Human Interaction Research Institute
Los Angeles

Paper presented at the American Psychological Association Convention,
Washington, D. C., September, 1976

Evaluation of human service programs is rarely simple or easy, but assessing demonstration efforts can be particularly tricky because demonstration projects themselves are such a strange breed. Yet evaluation of a demonstration program can be exceedingly worthwhile despite all the problems and pitfalls it presents. My discussion will reiterate some of the positives and negatives associated with evaluation of demonstration efforts in the human services, highlighting an approach to evaluation we have developed over a number of years in our organization. Finally, I'll describe an example of this clinical approach to evaluation, a three-year study we did of a national demonstration program in the vocational rehabilitation field.

What are some of the principal reasons why evaluating demonstrations can be useful? Without trying to be comprehensive, I feel some of the most important ones are:

(1) The very nature of a demonstration program is to field-test some strategy or technique, to find out if it works, if so how to further develop and improve it, and to come to some conclusions about its utility before making a major commitment of public funds to broader programmatic support. Evaluation research, as a tool for gathering information about the way the program works and its effects, thus seems a natural outgrowth of the whole philosophy behind demonstration.

(2) A process evaluation can help generate enthusiasm for self-improvement among the staff of a demonstration project, since it provides

CG011336

specific and timely feedback. The demonstration phase is an ideal time for such internally generated efforts, since it is early enough to make even major changes more easily than after a large-scale implementation.

(3) In the case of a multi-site demonstration program, an evaluation can help build a communication network among personnel at the various sites, to stimulate both greater self-examination and cross-fertilization of improvements (i.e., what has worked especially well at one site can be transferred to another, once the evaluation has established the utility of a particular practice or technology).

(4) An evaluation can help to build credibility for a service delivery program among users of its services--and in the sponsoring agency--at the time when such credibility is most needed.

(5) Evaluations that lead to good decisions about wider-scale implementation can help prove the worth of the demonstration program itself as a practice in the human services, i.e., establishing that small-scale trials are indeed a way to save the taxpayers' money.

But there are also some drawbacks to evaluating demonstration programs:

(1) Demonstration programs by their very nature are small-scale interventions in large-scale environments--a bureaucratic organization, a community. It may be very difficult to establish which of the effects observed <u>really</u> are the result of the demonstration's activities, and which are a function of many other ongoing phenomena in the larger system.

(2) Negative evaluation results, or even the presence of evaluators on the scene, can serve to quash or reduce experimentation when it is most needed.

(3) Demonstration programs are, again by nature, somewhat ill-defined. They are attempts to "learn by doing," and so it is more difficult to specify in advance what the evaluators should be studying, or what the criteria are for success or failure.

(4) Demonstration programs may take considerable time to flower, so that evaluators may end up collecting data and reporting findings that do not reflect fairly what a program can really do.

(5) At the beginning of some program of change, political and psychological factors--for instance, staff resistance to change--may be much more influential (i.e., inhibitory) than later on, giving a misleading impression of program utility.

To illustrate these positive and negative factors, let me now tell you about an evaluation research study we recently completed for the Rehabilitation Services Administration. The evaluation concerned a five-year demonstration program in which "Research Utilization Specialists," an innovative job category, were installed in nine state vocational rehabilitation agencies, in order to learn whether these full-time "change agents" could help get findings from RSA-sponsored research applied more fully at the local level, and thus improve the quality of rehabilitation services.

As you'll see in a minute, the national RUS demonstration program certainly had the negative characteristics just mentioned, but we were able to grapple with these, as well as to emphasize some of the more positive features in our evaluation study, which utilized the clinical approach to program evaluation. This approach can best be synopsized by a quote from an Evaluation magazine article by Ed Glaser and myself:

> [The] clinical approach to program evaluation . . . is so called because it rests on the assumption that assessments of research or service efforts will be most meaningful and useful if they are designed to evaluate the program as a whole and as a dynamic, complexly interrelated entity. The fragmented data collection that is entailed in many traditional approaches, such as multiple-choice questionnaires, is not always likely to be successful in detecting or explaining complex interactions among program methods, program staff, service recipients, and the environment in which the program operates. This requires a much more holistic orientation and includes attention to the thoughts, feelings, beliefs, perceptions, and reports of all those concerned with the project. Similarly, program outcomes need to be weighed against cost factors, side effects, and the ordering of priorities, both within and without the program itself. The relationship of the program to its parent institution, to the agency that funds it, and to the community in which it is situated (particularly in the case of service programs) should be taken into consideration. Therefore a particular program ought to be considered in its totality, insofar as feasible. Furthermore, when a program is evaluated during its lifetime, the clinical approach can be especially helpful because it considers a program to be dynamic rather than static, and therefore subject to changes in operation including changes suggested by ongoing feedback of the assessment findings.

We have used this approach over some years in evaluating manpower training programs, facilities for child welfare, and other human service delivery efforts.

The clinical approach seemed most appropriate for evaluating the RUS program when we began our research--under an RSA contract--in 1972. The nine demonstration projects--in Massachusetts, New Jersey, Virginia, Alabama, Wisconsin, Texas, Missouri, Utah and California--had at that point been in operation for three years, but still had two more left to run on their demonstration funding, so feedback efforts would be relevant. Each project constituted a small-scale intervention--about $50,000 budget, usually staffed by the RUS (a rehabilitation professional especially recruited for the project) plus a secretary or assistant--and each was in a large-scale environment--a state rehabilitation agency with anywhere from several hundred to several thousand employees. These state agencies, of course, are intended to provide vocational rehabilitation services to the nation's physically handicapped.

When the RUS program was funded, RSA was spending more than $15 million (now more than $20 million) on R&D activities. They hoped the RUSs would be able to work closely with administrators and counselors in rehab agencies to get worthwhile findings from this growing body of research applied, thus eventually improving services to clients. The RUS was supposed to function as a linking agent between available knowledge and practitioners who might be able to make some worthwhile use of it.

None of the states had ever had a personnel position like this before, and the entire research utilization effort at RSA was fairly new. Thus the RUS's job role and mission were not very precisely defined. Furthermore, the projects had to be carried out in the highly political, entrenched environment of state rehabilitation agencies. There were severe problems of resistance to change, and of lack of belief in the worth of R&D where rehabilitation services are concerned. Indeed, attitude change was one of the most important goals of the RUS program. The projects were too small to directly sponsor major changes in service delivery; what they could do was to provide information and demonstrate its use in small-scale ways, in an effort to convince rehabilitation agency personnel to make better use of R&D in their future activities. Ideally, the RUS would then become a knowledge resource state agency professionals could tap as needed. They would develop and carry out the change efforts per se, not the RUSs.

So, the problems are now clear: small-scale interventions, not well defined, operating in difficult environments where negative feedback about their worth could cause them to be discarded easily (or at least just ignored until the demonstration money ran out, and then discarded). The RUSs needed time, and the ability to experiment with different approaches to research utilization,

in order to develop successful methods of getting R&D applied in local agencies.

Our evaluation approach included the following major data-gathering strategies:

(1) Intensive field visits to each of the nine project states, in order to observe first-hand changes the RUSs had implemented, and to interview in depth agency personnel at all levels (both to get a record of what had happened and to learn what attitude changes may have occurred).

(2) A national questionnaire survey, responded to by more than 1,500 rehabilitation professionals; this was a one-page form asking about contact the respondent had had with the RUS, and about impact in terms of both attitudes and behavior.

(3) Analysis of project-related documents, to fill in gaps not closed by the preceding two steps.

Our strategy was clinical, too, in that we used the data from these three phases of research in an integrated fashion, looking for common themes and insights that emerged from all three sources. And we involved both the RUSs, the senior administrators of their host rehabilitation agencies, and RSA in the design and execution of the evaluation study. Findings from our research were shared as the study proceeded so that the RUSs could make use of them.

Results showed that the RUS demonstration program, although certainly a qualified success, had indeed produced some real impact on the host VR agencies, and had proven the worth of installing an RUS--under certain conditions--in a state agency. Eight of the nine RUS projects were still in operation at the end of the demonstration program, no mean achievement in an era where federally funded demonstration projects sometimes have been aborted very early

in their existence. More than 51% of all agency personnel in the nine states had some direct contact with the RUSs and the services they provided; a substantial plurality in most states endorsed the value of the RUS operation. We documented a number of worthwhile projects the RUSs mounted, such as a special psychological testing program in Virginia and a program for hiring paraprofessional workers in New Jersey. We also discovered that one project was terminated prematurely because it simply did not focus directly enough on RU priorities; other projects suffered because the state agency diverted the RUS's resources to nonutilization priorities; few projects had the kind of contact with field agency staff that would have been desirable.

These findings were disseminated through a series of reports and journal articles, as well as at a 1975 national conference in which the evaluators brought together some 60 persons (including 30 state agency directors and assistant directors) to learn about the RUS demonstration program and the evaluation findings. Findings were shared with the RUSs through circulation for editorial review of write-ups from the field visits, and also by a mid-evaluation conference for the RUSs.

Five of the nine RUS projects are still in operation, now supported by the state VR agencies in which they function. The dissemination phase of our evaluation was responsible for the creation of at least three other RUSs in human service agencies, by presenting convincing evidence that, despite all the drawbacks and difficulties, the RUS model was a worthwhile one for improving service delivery.

So, in this case our clinical approach to evaluation helped gather data that really seemed to be meaningful, got the relevant parties involved in the research, and promoted dissemination and use of the evaluation's findings.

Although unorthodox, we believe that such an approach is more likely to produce results that can and will be put to use, rather than just anotner final report that nobody but the evaluator ever reads!

References

Backer, T. E., & Glaser, E. M. The workshop on Research Utilization Specialist model--A report. Rehabilitation Counseling Bulletin, 1975, 19, 396-404.

Glaser, E. M., & Backer, T. E. A clinical approach to program evaluation. Evaluation, 1972, 1, 54-60.

Glaser, E. M., & Backer, T. E. An outline of questions for evaluators using the clinical approach. Evaluation, 1972, 1, 56-59.

Glaser, E. M., & Backer, T. E. A look at participant-observation. Evaluation, 1973, 1, 46-49.

Glaser, E. M., & Backer, T. E. Evaluating the Research Utilization Specialist. Rehabilitation Counseling Bulletin, 1975, 19, 387-395.